PTO/S8/06 (05-0

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number | | |
|---|---|---|--------------|---|------------------|--------------------|------------------------|------------------------------|-------------------------|------------------------|
| CLAIMS AS FILED PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY | | Ot. | OTHER THAN SMALL ENTITY | |
| FOR | | NUME | NUMBER FILED | | ER EXTRA | RATE | FEE | | RATE | FEE |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | | \$ | OR | | s |
| TO | TAL CLAIMS CFR 1.16(c)) | ************************************** | minus 2 | 20 - | | x 5 9 = | | OK | × 18 . | |
| IND | EPENDENT CLAIN | KS . | | | | x s 43 = | | | 2.586= | |
| (37 CFR 1.16(b)) minus 20 = | | | | | 11.6 | o o | 1 116. | | | |
| MU | LTIPLE DEPENDE | NT CLAIM PRESE | иј (: | 37 CFR 1.16(c); | | (+s/45= | | ()!: | + 5 290. | |
| - ң | the difference in o | olumn 1 is less th | ian zero, er | nter 10° in column. | Ž. | IATOL | | 5.60 | MIOL | |
| | CI. | AIMS AS AM | KENDED | - PART II | | | | | | |
| | | (Column 1) | | (Column 2) | (Column 3) | SMALL (| PITTI | x 4x | OTHER SMALL | |
| ATN | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total (ST CFR 1.16(d) | • | Minus | •• | E | x s 9 = | | OR | x s 18 = | |
| EN. | Independent (37 CFR 1.16(b)) | • | Minus | ••• | е | x s <u>43</u> = | | OR | x \$ <u>86</u> = | |
| A | FIRST PRESENT | ATION OF MULTIP | E DEPEND | ENTICLAIM (37 CF | R 1,16(d)) | +5/45= | | OR | +5290 | |
| | | | | | | TOTAL ADD'L FEE | | OR. | TOTAL ADD'L FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL |
| | Total (37 CFR 1.16(d) | • * | Minus | •• | Ξ | x s 9 = | | OR- | x s 18== | . 4 |
| | Independent (37 CFR 1,16(b)) | 4 | Minus | *** | Æ | x s 43= | | OR. | x s 86== | . • |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | +5145= | | OR: | +,290 | |
| | <u> </u> | | | | | TOTAL ADD'L FEE | | OF. | TOTAL ADD'E FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | _ | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1,16(d) | • | Minus | •• | E | x \$ 9 = | | OF. | x 5 <u>18</u> = | |
| | Independent (37 CFR 1,16(b)) | • | Minus | ••• | E . | x s 43 = | | QR. | x \$ 26= | |
| | FIRST PRESENTA | люн Эё мистеч | E DEPENDI | BRIGAR 610 | (R.1,1640)) | +1145= | | C/F | + :290= | |
| | 1 | | | | | TOTAL TETT TODA | 1 | Cas | JAFOT | |
| | | | | | 515 | AUDITE: | 1 | ا ا | | |

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122.and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete ting gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any common the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pa and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO 1 ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.